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Using Assessment Data to Perform Outcome-Based Quality Measurement

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The 21st IAGG World Congress of Gerontology and Geriatrics
JULY 23-27, 2017

Global Aging and Health
Bridging Science, Policy, and Practice

Using Assessment Data to Perform Outcome-Based Quality Measurement | Session 3160

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The Annenberg Center for Health Sciences at Eisenhower
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DISCLOSURE

I have no relevant commercial relationships to disclose.



USING ASSESSMENT DATA TO PERFORM OUTCOME-BASED QUALITY MEASUREMENT

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Overview

- Need for Outcome Measures for Community-Based Services
- Study Methodology
- Implementing Quality Measures

Need for Outcome Measures for Community-Based Services

- Current measures: process, medical, consumer survey
- Need reliable and objective *outcome measures* community services
 - Help improve program services
 - Support alternative payment models

Need for Outcome Measures, con't

- **Measures based on MDS-HC**

- Outcome-based
- Validated
- Existing data
- Used in Ontario, Manitoba and Michigan
- Population-level analysis

- **Research question**

Can State use its assessment data to implement *interRAI*'s outcome measures?

Set up analysis

- Map MDS-HC to assessment questions
 - Identify any textual differences between questions (e.g., “last 30 days” vs. “last 2 weeks”)

Measure	MDS-HC Question	Corresponding State Assessment Question
Prevalence of unintended weight loss	W24. Unintended weight loss of 5% or more in last 30 days (or 10% or more in last 180 days)	Q.1243 Unintended weight loss of 5% or more in last 2 weeks
Prevalence of delirium	C3.1. Sudden or new onset/change in mental function -OR- Client has become agitated or disoriented	Q.1148 Sudden or new onset/change in mental function -OR- Q.1149 Client has become agitated or disoriented

Set up analysis, cont'd

- Create study protocols
 - Link client assessments to program enrollment date
 - Develop filters (*age, target programs, etc.*)
- Gain in-depth understanding of how assessments are given
- Utilize iterative process

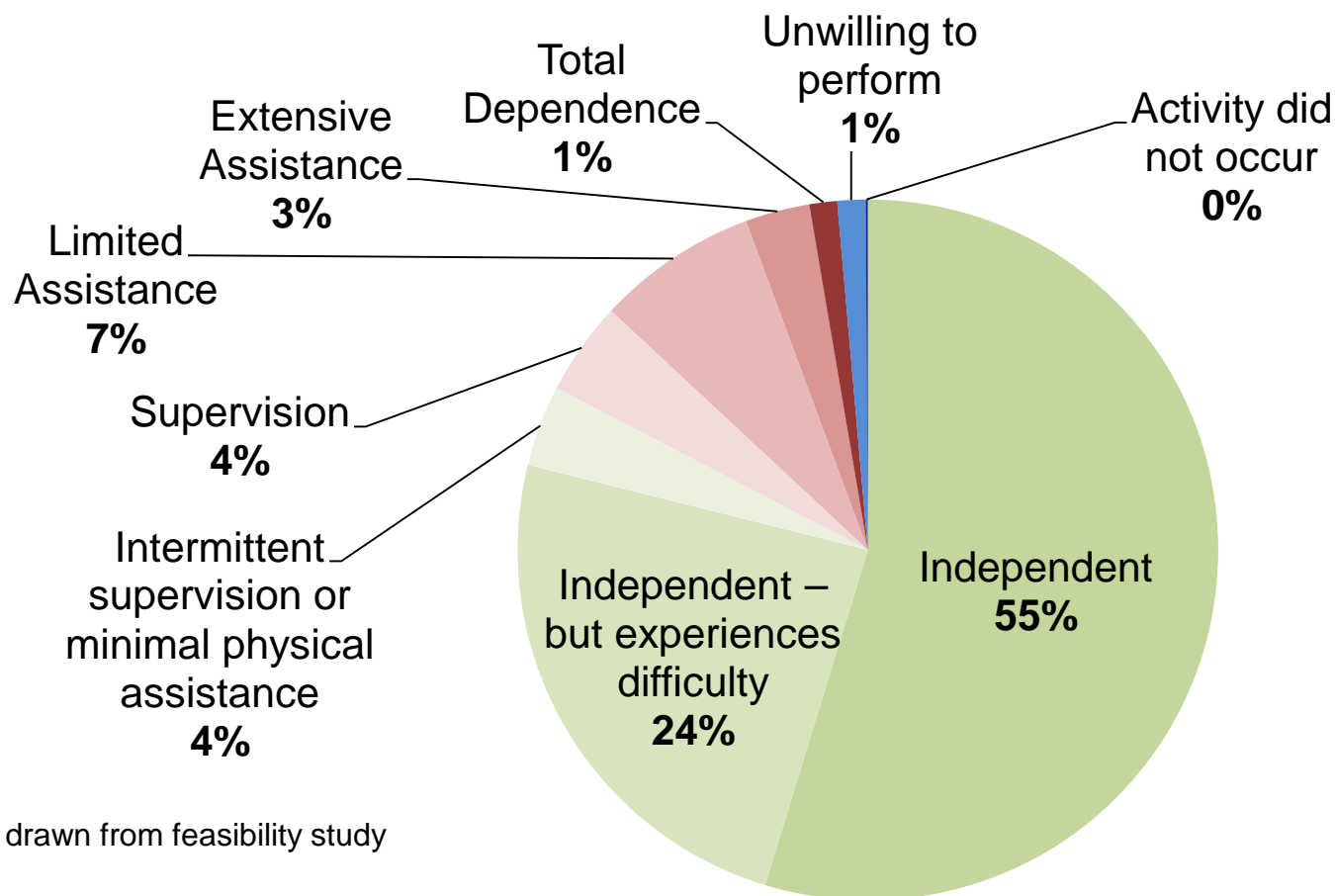


Analyze results

- **Response Rates per question (%)**
 - Overall response rates
 - Longitudinal questions
 - Response rates overall vs. by program
- **Response Patterns per question (answer options)**
 - Examined face validity of patterns
 - Compared patterns for low vs. high LOC programs

Response pattern for entire population

Ability to use the toilet

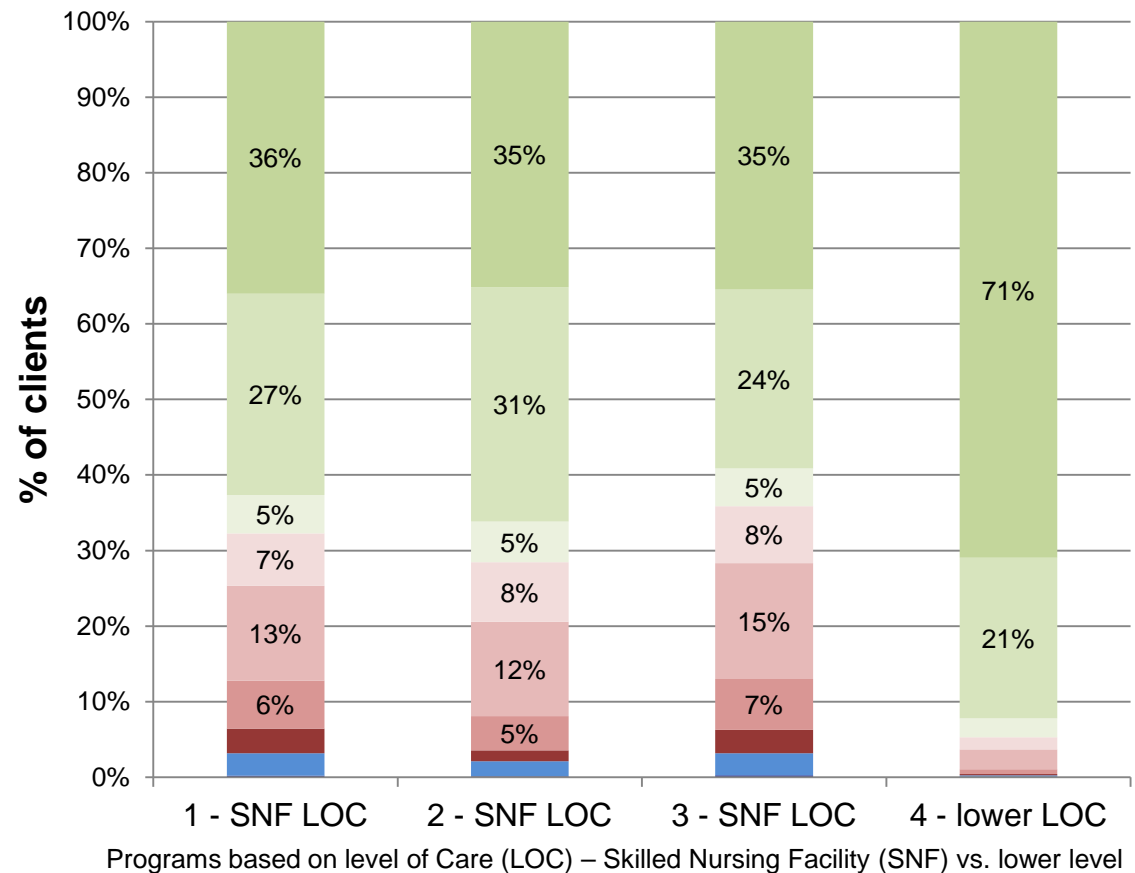


Figures drawn from feasibility study

Response pattern by program

Ability to use the toilet

- 1. Independent
- 2. INDEPENDENT - but experiences difficulty
- 3. Intermittent supervision or minimal physical assistance
- 4. Supervision
- 5. Limited Assistance
- 6. Extensive Assistance
- 7. Total Dependence
- 8. Unwilling to perform
- 9. Activity did not occur



Figures drawn from feasibility study

Implementing Quality Measures

- Implement measures
 - 13 ready for use
- Resolve data issues
 - Additional 3 measures may be ready with increased response rates

Summary of Phase One Results

	Measure	Domain	Subdomain
Ready for construction and Phase 2 evaluation			
1.	Prevalence of not receiving medication review by a physician	Program Performance	Effectiveness/Quality of Services
2.	Prevalence of ADL/rehabilitation potential and no therapies	Program Performance	Effectiveness/Quality of Services
3.	Prevalence of weight loss	Client Functioning	Effectiveness/Quality of Services
4.	Prevalence of dehydration	Client Functioning	Effectiveness/Quality of Services
5.	Prevalence of negative mood	Client Functioning	Health and Well-Being
6.	Failure to improve/incidence of cognitive decline	Client Functioning	Health and Well-Being
7.	Failure to improve/incidence of bladder incontinence	Client Functioning	Health and Well-Being
8.	Failure to improve/incidence of ADL impairment	Client Functioning	Health and Well-Being
9.	Prevalence of falls	Client Functioning	Health and Well-Being
10.	Failure to improve/incidence of difficulty in communication	Client Functioning	Health and Well-Being
11.	Failure to improve/incidence of impaired locomotion in the home	Client Functioning	Health and Well-Being
12.	Prevalence of no assistive device among clients with difficulty in locomotion	Program Performance	Health and Well-Being
13.	Prevalence of social isolation	Client Experience	Full Community Inclusion
Potential to use with increased response rates			
14.	Prevalence of inadequate meals	Client Functioning	Health and Well-Being
15.	Failure to improve/incidence of skin ulcers	Client Functioning	Effectiveness/Quality of Services
16.	Prevalence of delirium	Client Functioning	Health and Well-Being
Claims data is a better source for these measures			
17.	Hospitalization	Health Care Utilization	Effectiveness/Quality of Services
18.	Emergency Department Visit	Health Care Utilization	Effectiveness/Quality of Services
19.	Emergent Care	Health Care Utilization	Effectiveness/Quality of Services

Potential application: Using quality measures to compare providers

Prevalence of unintended weight loss (rate of negative outcomes)

(mock data for illustrative purposes)



Boxes show average score per provider; horizontal lines show range of scores with confidence intervals. Green boxes show 75th %ile achievability level. Successful providers can share best practices.

Questions?

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